



BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found. Step 2. Sample now. If intermediate or surface casing pressure > 25 psi. In sensitive areas, 1 psi.
Step 3. Conduct Bradenhead test. Step 4. Conduct intermediate casing test. Step 5. Send report to BLM within 3 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior program. Attach gas and liquid analyses if sampled.

1. OGCC Operator Number: 100322 3. BLM Lease No: _____
2. Name of Operator: NOBLE ENERGY INC
4. API Number; 05-123-49351-00 5. Multiple completion? ☐ Yes ☐ No
6. Well Name: STRIPES FEDERAL Number: LD18-740
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENW,7,9N,58W,6
8. County WELD 9. Field Name: DJ HORIZONTAL NIOBRARA
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 08/21/2019
12. Well Status: ☐ Flowing
☒ Shut In ☐ Gas Lift
☐ Pumping ☐ Injection
☐ Clock/Intermitter
☐ Plunger Lift
13. Number of Casing Strings:
☒ Two ☐ Three ☐ Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: _____ Fm: _____	Tubing: _____ Fm: _____	Prod Csg _____ 0 Fm: _____	Intermediate _____ Csg: _____	Surf. Csg _____ 0
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BRADENHEAD TEST

Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No With gauges monitoring production, intermediate casing and tubing pressures, open surface casing (bradenhead) valve (if no intermediate casing, monitor only the production casing and tubing pressures.) Record pressures at five minute intervals Define characteristics of flow in "Bradenhead Flow" column using letter designations below: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) Sample cylinder number:	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	00:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0		O
	05:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0		O
	10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0		O
	15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0		O
	20:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0		O
	25:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0		O
	30:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0		O
Instantaneous Bradenhead PSIG at end of test: > <u>0</u>						

INTERMEDIATE CASING TEST

Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals Characterize flow in "Intermediate Flow" column using letter designations below: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) Sample cylinder number:	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	00:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	05:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	20:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	25:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	30:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Instantaneous Intermediate Casing PSIG at end of test: >						

Comments: 5.5" Monobore

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed By: Bill Mansfield Title: Engineering Associate Phone: (970) 302-1868

Signed: Stephany Olsen Title: Regulatory Analyst Date: 8/23/2019

Witnessed By: _____ Title: _____ Agency: _____